

Billing Information for Local Let Projects

The Local Agency Programs Unit will initiate the billing process within MDOT at the same time the local agency is sent a “Notification to Proceed – Contracted Work” (refer to **Attachment 1**). This notification will contain both the identification numbers assigned to the project and the approved amount of funding that is currently available.

MDOT will record in the computer system only those costs which are eligible for reimbursement.

The local agency will be required to fill out MDOT form number 802P, “Local Agency Request for Reimbursement” and submit to the Local Agency Programs Unit. The 802P form can be found at the following web address:

<http://www.mdot.state.mi.us/webforms/public/0802P.pdf>.

The Local Agency Project Engineer must verify that the contractor is paid only for the work completed, and that the cost of non-participating work is identified. For progress billings, the method of determining the amount of contractor payment is at the discretion of the Local Agency Engineer. For final billing, the basis must be “as measured” quantities.

“Local Agency Request for Reimbursement” MDOT Form 802P

The Local Agency Project Engineer can prepare a “Local Agency Request for Reimbursement” at any time after the contractor has been paid for the work completed. The minimum reimbursement is \$1,000 and can be submitted no less than one month from the previous reimbursement request, unless final billing.

The “Local Agency Request for Reimbursement” should be filled out with all of the appropriate information. The request numbers must be consecutively numbered.

For locally let enhancement projects, the amount requested for reimbursement must be listed in the line titled “Local Contracted Work”.

Unless specifically stated in the enhancement grant award summary all costs associated with preliminary engineering; real estate; construction engineering; and force account work are not reimbursable.

Supporting documentation (i.e. payment records, copies of checks, itemized break down of items) must be submitted with the “Local Agency Request for Reimbursement”. All contractor payments, including those not eligible for reimbursement, (non-participating or costs in excess of the funds allocated to the project), must also be accounted for by the local agency and reported to MDOT and summarized in the supporting documentation. The local agency shall not submit for reimbursement of non-participating items.

If force account is part of the project, then the “Force Account” section of the form must be filled out on the same request with the contracted work. If requesting for reimbursement at a time different than when requesting for “Local Contracted Work”

then the request number must be consecutive with that of the previously submitted requests. Supporting documentation must be submitted for force account work (i.e. certified payrolls, receipts for material, invoices for equipment rental).

When filling out the request for reimbursement, the local agency must enter the amount authorized to spend. This amount is the total of the Approved Participating Project Costs from the “Local Agency Certified Project Notification to Proceed – Award” letter. Do not apply the federal/local participation ratio to any requested amount. This will be applied during the processing and the local agency will only be reimbursed per the federal/local ratio as defined in the enhancement grant award summary up to the capped dollar limit.

If “Force Account” work is authorized as part of the enhancement project, the amount authorized (Approved Participating – Force Account) must not be exceeded.

Refer to **Attachment 3** for an example of a completed “Local Agency Request for Reimbursement” form.

Send requests for reimbursements to Rose Grinage, (517) 373-2756, Local Agency Programs, Van Wagoner Building, 425 West Ottawa Street, P.O. Box 30050, Lansing, Michigan, 48909.

Changes to the Approved Participating Project Costs from the “Local Agency Certified Project Notification to Proceed – Award” are to be documented on Recommendation and Authorization Form 1100. The 1100 form can be found at the following web address: <http://www.mdot.state.mi.us/webforms/public/1100.pdf>. If additional sheets are needed, use form 1100B at <http://www.mdot.state.mi.us/webforms/public/1100B.pdf>

Final project closeout

Upon completion of the project, contact the MDOT TSC Resident Engineer to do a final inspection of the work.

Upon completion of unresolved items from the final inspection, send the final project package to the MDOT TSC resident engineer for signature. Items in the package are:

- The original 802P, with “FINAL?” marked as Yes”
- The original MDOT “Final Inspection/Acceptance and Certification Report” (MDOT form 1120 (**Attachment 2**))
- The original MDOT Recommendation and Authorization Form 1100 (1100B) showing changes, extras, adjustments and/or extensions of time to the work that the support the change in the Approved Participating Project Costs from the “Local Agency Certified Project Notification to Proceed – Award”

Local Agency Programs Unit will not process the final reimbursement request until the MDOT TSC Resident Engineer signs and submits the documents in the final project package to Local Agency Programs.

Instruction for completing the 802P form

Michigan Department
of Transportation
802P (2/94)

LOCAL AGENCY REQUEST FOR REIMBURSEMENT

Clear Form

This information is required by MDOT in order for you to obtain reimbursement for expenses.

MDOT AGREEMENT # / NON-DEPT. AGREEMENT # (1)	LOCATION		MDOT STRUCTURE #
DATE	REQUEST # (2)	FINAL? <input type="checkbox"/> Yes <input type="checkbox"/> No	AMOUNT AUTHORIZED TO SPEND \$ (4)
AGENCY	CONTROL SECTION (3)	JOB # (3)	REIMBURSEMENTS (TOTAL) TO DATE \$ (5)
ADDRESS (Street)	FED. PROJECT # (3)	FED. ITEM # (3)	REIMBURSEMENT REQUESTED THIS REQUEST \$ (6)
ADDRESS (City, State)	PERIOD COVERED		BALANCE AVAILABLE \$ (7)

Instructions

1. Indicate the MDOT/Local Agency agreement number for the project. Also indicate any third part agreement number for this project, if applicable.
2. The billing request number. Mark if final bill.
3. Insert project numbers. Refer to the Notification to Proceed – Contracted Work form.
4. Indicate the total amount authorized for the work that corresponds to the item of work/job number. Insert the “Approved Participating – Contracted Costs” as detailed in the “Notification to Proceed” form.
5. Total of previously submitted requests. This is “0” on the first request.
6. The amount from TOTAL CHARGES from this form.
7. Subtracting the sum of boxes 5 and 6 from box 4 will indicate the remaining balance of funds available for future billings.

Note: Even if the available balance is 0, request for reimbursements can still be submitted and may be used to offset any charges disallowed by future audit.

The headings in the “Summary of Charges,” explain where charges are to be listed. On each request, fill in either to “Preliminary Engineering” section, the “Real Estate” (Right of Way) section, or the Construction Engineering/Local Contracted Work/Force Account” section. Do not mix sections. The controlling factor is the job phase. (“C” phase for Preliminary Engineering; “B” phase for Right of Way; “A” phase for Local Contracted Work, Construction Engineering, and Construction Force Account)

Sign the form on the agency representative line and send it to the Local Agency Programs Staff Engineer assigned to the project. Local Agency Programs will review the form, sign it (if finds it acceptable), and forward to the Finance Division.

The requests can be submitted monthly or span several months. Do not overlap the period covered dates. Three important points to remember: Make sure you submit all bill for the period covered, do not submit bills for less and \$1,000(unless a final bill), and a copy of the final bill must be submitted along with the “Final Inspection/Acceptance and Certification Report” to the local MDOT TSC.

TRANSPORTATION ENHANCEMENT PROJECT NOTIFICATION TO PROCEED

Michigan Department
of Transportation

CONTRACT NO.: 63459-73857

AGENCY: City of Pontiac	CONTROL SECTION ID STE 63459
ADDRESS 55 Wessen Street, Pontiac, Michigan 48341	JOB NUMBER 73857A
PROJECT LOCATION Abandon GTWRR Right-of Way, Old Telegraph to Bagley, City of Pontiac, Oakland County	FEDERAL PROJECT NUMBER STP 0363(043)
TYPE OF WORK Construct a 10' Wide Bike Path in an Abandoned Railroad Right-of Way.	FEDERAL ITEM NUMBER RR 3740
CONTRACTOR Keway Construction Company, Inc., of Fenton	TEA NUMBER ENH 200300155
COMPLETION DATE December 30, 2004	AGREEMENT NUMBER 03-5472

* This is notification that all required programming and approvals on behalf of the Federal Highway Administration are in place and that reimbursable costs may now be incurred through the award of a construction contract for the above project between the **AGENCY** and **CONTRACTOR**. The amount is limited to the **TOTAL ESTIMATED PROJECT AMOUNT**.

Federal Funds will be reimbursed under the terms and conditions of **AGREEMENT NUMBER**. Any costs in excess of those shown below will not be reimbursed unless authorized by a separate Notification to Proceed or a change authorization approved by MDOT.

SUMMARY OF APPROVED FUNDING & COST PARTICIPATION		FUNDING AMOUNT
CONTRACTED PORTION:		
Federal Funds - STP	- 80 % up to an amount not to exceed	\$152,000.00
Local Funds	- 20 % local match)	\$25,785.01
Additional Local Costs	- Non Participating or Excess Costs	(\$0.00)
TOTAL ESTIMATED CONTRACT COST		\$128,925.04
FORCE ACCOUNT PORTION		
Federal Funds - STP	-	\$0.00
Local Funds	-	\$0.00
TOTAL ESTIMATED PROJECT AMOUNT		\$128,925.04
LESS	Amount in Excess of Participating Costs	\$0.00
	Non Participating Costs	\$0.00
	Force Account Work	\$0.00
APPROVED PARTICIPATING -	CONTRACTED COSTS	\$128,925.04
	FORCE ACCOUNT	\$0.00
	PROJECT COSTS	\$128,925.04
The maximum increase by authorization for this project is		\$61,074.96

The Project Engineer is: Chad Findlay, P.E., Associate
Nowak & Fraus Engineers, 46777 Woodward Avenue, Pontiac, Michigan 48342
(248) 332-7931

The MDOT contact is: Gerard P. Pawloski, P.E.
Oakland TSC, 2300 Dixie Highway, Suite 300, Waterford, Michigan 48328
(248) 451-0001

APPROVED _____

Rudolph S. Cadena, P.E.
Local Agency Programs Engineer

Date

X:\tammie\ENHforms wb3\City of Pontiac 73857A notice to proceed enh.xls

revised 9/30/03

Attachment 1

FINAL INSPECTION/ACCEPTANCE and CERTIFICATION REPORT

FILE 108

Clear Form

DISTRIBUTION INSTRUCTIONS:

FINAL INSPECTION/ ACCEPTANCE: *ORIGINAL* - Contract Services *COPIES* - Associate Region Engineer-Delivery; Delivery/Resident/Project Engineer; Financial Operations - Project Accounting. *When applicable:* Lansing Design-Local Agency Programs Unit; Lansing Traffic & Safety - Freight Services; Lansing C&T - Bridge Operations Engineer.

PROJECT CERTIFICATION: *After Region Engineer/Representative signs Certification form, send a copy of Certification to:* FHWA; Financial Operations - Project Accounting; Associate Region Engineer-Delivery; Delivery/Resident/Project Engineer. *When applicable:* Lansing Design - Local Agency Programs Unit; Traffic & Safety - Freight Services; C&T - Bridge Operations Engineer

FINAL INSPECTION/ACCEPTANCE REPORT

CONTROL SECTION/JOB NUMBERS	FEDERAL PROJECT NO.	FEDERAL ITEM NO.	DATE
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CONTRACTOR NAME _____

TYPE OF ACTION <input type="checkbox"/> Final Inspection/Acceptance <input type="checkbox"/> Project Certification	START DATE	ACTUAL COMPLETION DATE
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INSPECTED BY

NAME:	DATE
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SIGNATURE: _____

TYPE OF WORK (As per proposal) _____

RECOMMENDATIONS/CONCLUSIONS/REMARKS _____

IS PROJECT WARRANTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	WARRANTY DOCUMENTS ON FILE	WARRANTY TYPE	DURATION	EXPIRATION DATE
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DATE NPDES NOTICE OF TERMINATION SUBMITTED	DATE SITE IDENTIFICATION NUMBER IS SUBMITTED FOR DEACTIVATION
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ITEMS NOTED ABOVE HAVE BEEN RESOLVED. COMMENTS:	RESIDENT/PROJECT ENGINEER	DATE
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BRIDGE WORK: <input type="checkbox"/> Yes <input type="checkbox"/> No	BRIDGE INSPECTION: _____	DATE REQUESTED	DATE COMPLETED
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ACCEPTANCE RECOMMENDED BY

RESIDENT/PROJECT ENGINEER _____

CITY/COUNTY AUTHORIZED SIGNATURE	TITLE	DATE
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I hereby certify that the construction on this project substantially conforms to the plans and specifications.	TSC MANAGER (Signature)	DATE
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The project will be submitted for final certification if it is a *Non Exempt Federal Project on the NHS* and the items checked below have been completed.

<input type="checkbox"/> Final Estimate	<input type="checkbox"/> FHWA - 47 (Projects over \$1 million on NHS only)	<input type="checkbox"/> Traffic Control Devices
<input type="checkbox"/> Railroad Affidavit	<input type="checkbox"/> Material Exceptions (See Attached)	<input type="checkbox"/> Other (Specify) _____

PROJECT CERTIFICATION (Non Exempt Federal Projects on NHS Only)

I hereby certify that the construction work on this project and materials incorporated in this project are in conformity with approved plans and specifications, and that the independent assurance tests have been performed. The items checked on the Final Inspection/Acceptance Report have been completed.

REGION ENGINEER/REPRESENTATIVE (Signature)	DATE
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NOTED BY F.H.W.A.	DATE
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Attachment 2

LOCAL AGENCY REQUEST FOR REIMBURSEMENT

This information is required by MDOT in order for you to obtain reimbursement for expenses.

MDOT AGREEMENT # / NON-DEPT. AGREEMENT #	LOCATION		MDOT STRUCTURE #
DATE Mar 31, 2004	REQUEST # 1	FINAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	AMOUNT AUTHORIZED TO SPEND \$ 128,925.04
AGENCY City of Pontiac	CONTROL SECTION STE 63459	JOB # 73857A	REIMBURSEMENTS (TOTAL) TO DATE \$ 0.00
ADDRESS (Street) 55 Wessen Street	FED. PROJECT # STP 0363 (043)	FED. ITEM # RR 3740	REIMBURSEMENT REQUESTED THIS REQUEST \$ 50,000.00
ADDRESS (City, State) Pontiac, Michigan	PERIOD COVERED February 1, 2004 to February 29, 2004		BALANCE AVAILABLE \$ 78,925.04

SUMMARY OF CHARGES

PRELIMINARY ENGINEERING	LABOR	_____	
	EQUIPMENT RENTAL	_____	
	OTHER	_____	
	TOTAL PRELIMINARY ENGINEERING		_____
REAL ESTATE	ACQUISITION COST	_____	
	APPRAISAL FEES	_____	
	OTHER	_____	
	TOTAL REAL ESTATE		_____
LOCAL CONTRACTED WORK		\$50,000.00	
	TOTAL LOCAL CONTRACTED WORK		\$50,000.00
CONSTRUCTION ENGINEERING	INSPECTION/STAKING/TESTING	_____	
	OTHER	_____	
	TOTAL CONSTRUCTION ENGINEERING		_____
FORCE ACCOUNT	LABOR	_____	
	EQUIPMENT	_____	
	MATERIALS	_____	
	OTHER	_____	
	TOTAL FORCE ACCOUNT		_____
TOTAL CHARGES			\$50,000.00

CERTIFICATION

I certify that, to the best of my knowledge, the figures entered above are correct and represent a proper claim for reimbursement for expenditures made under the appropriate Federal and/or State Act.

AGENCY REPRESENTATIVE (Signature)	TITLE	DATE

	TITLE	DATE

FINANCE USE ONLY

TRANS. CODE	JOB NO.	FED. ITEM	ACTIVITY CODE	ACCOUNT CODE	AMOUNT

BILL NO. _____

Attachment 3